

# Clear Resolutions Inc.

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Jun/25/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** Lumbar myelogram with post CT scan

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

M.D., Board Certified Neurosurgery

### REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.**

The reviewer finds that medical necessity does not exist for Lumbar myelogram with post CT scan.

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Request for IRO 06/04/12

Utilization review determination 05/02/12

Pre-authorization report 05/02/12

Utilization review determination 05/08/12

Pre-authorization report 05/08/12

MRI lumbar spine 02/11/10

Clinical records Dr. 02/22/10-04/20/12

Procedure report lumbar myelogram 03/05/10

Post-myelogram CT 03/05/10

Procedure report lumbar myelogram 03/30/10

Post-myelogram CT 03/30/10

Radiographic report lumbar spine 04/02/12

MRI lumbar spine 04/02/12

### PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is male who injured his low back on xx/xx/xx. He is reported to have developed low back pain with radiation into the bilateral lower extremities. No mechanism of injury is described. The first available clinical record is an MRI of the lumbar spine dated 02/11/10. This study notes no abnormalities of T12-L1 through L2-3. At L3-4 there is disc desiccation and mild narrowing of the disc. There are post-operative changes of a right laminectomy noted. There is a mild broad based bulge at the disc causing mild encroachment upon the anterior aspect of the dural sac and neural foramina. There is a contrast enhancing scar noted at the laminectomy defect. At L4-5 the disc, the dural sac, and neural foramina are maintained. There are degenerative changes of the facet joint. At L5-S1 there is posterior hypertrophic spurring and broad based bulge of the disc causing mild encroachment upon the anterior aspect of the dural sac and neural foramina. There is a non-specific 2.8cm by 0.9cm fluid collection within the midline subcutaneous fat at the tip of the posterior spinous process

of L3. This could represent a post-operative seroma. On 03/05/10 the claimant was referred for CT myelogram of the lumbar spine.

It is noted that in spite of excellent cerebrospinal fluid flow the injection was mixed and a suboptimal examination was done. There were some defects noted on the right side particularly at the L4-5 level. The post-myelogram CT notes minimal retrolisthesis of L3-4 likely degenerative in nature and some minimal retrolisthesis of L5 on S1 which appears to be degenerative in nature. These findings appear similar to the prior CT. It is noted that epidural contrast is seen extending superiorly up to the L4 level and there is likely some extravasation of contrast as well compromising the examination. A repeat study was performed on 03/30/10. This study was noted to be of good quality showing minimal root sleeve defects with several millimeters of retrolisthesis at L3-4 with a central defect at L3-4. The post-myelogram CT notes degenerative disc disease at L3-4 and L5-S1. There is a probable laminectomy on the right at L3-4 with a pars defect on the right at L5.

When seen in follow-up by Dr. on 04/05/10 the claimant is opined to have definite L3-4 and L5-S1 disc pathology with mechanical instability. He was recommended to undergo psychological evaluation in anticipation of a trial of a spinal cord stimulator.

On 06/17/10 the claimant was seen in follow-up by Dr.. He was reported to have undergone psychological evaluation, which did not reveal any major problems. He was reported to have some urinary incontinence, which may need to be evaluated. He was reported to have lumbar disc pathology not severe enough for direct surgery. He was opined to be a decent candidate for a trial of spinal cord stimulation. He was recommended to try a rehab program first.

On 10/04/10 the claimant was seen in follow-up by Dr.. He is noted to no longer be undergoing any psychological counseling. He was recommended to consider a spinal cord stimulator trial or chronic pain management program. Serial clinical records report that the claimant had progressively worsening pain between 06/20/11 and 03/20/12. At this follow-up visit he is reported to have severe lumbar pain with paralumbar muscular tightness or loss of lumbar lordosis. He walks with flexed posture. Hydrocodone was increased. Straight leg is positive bilaterally. He has difficulty with toe standing and heel walking. He is incapacitated secondary to pain. He is recommended to undergo lumbar flexion / extension views and MRI scan. He is noted to have previous discectomies at L5-S1 and L3-4 on right. He has had no surgery at L4-5 level. Radiographs of lumbar spine were performed on 04/02/12. This study reported disc space narrowing at L3-4 with diffuse facet sclerosis and hypertrophic change. There is disc space narrowing at L5-S1. Flexion / extension views showed translation on motion of L2 on L3 and L3 on L4. There is minimal retrolisthesis of L4 on L5. There is a slight change in angulation of the end plates with extension at L5-S1. MRI of lumbar spine was performed on 04/02/12. This study notes multilevel degenerative changes with disc narrowing and loss of disc hydration. There is osteophyte formation and degenerative endplate changes and facet hypertrophic degenerative changes. At L3-4 there is broad based disc bulge with some ventral flattening of the thecal sac and no focal disc protrusion resulting in some residual ligamentous thickening on the left and some facet degenerative change overall resulting in mild central spinal stenosis. There is mild to moderate right neural foraminal stenosis. At L4-5 there is a broad based disc bulge with slight encroachment on thecal sac. No focal disc protrusion is noted. There is some hypertrophic degenerative change but no significant central spinal stenosis at L4-5. There is mild right and mild to moderate left neural foraminal stenosis. At L5-S1 there is a small hemilaminectomy defect on the right. There is a broad based disc bulge without focal disc protrusion. There is increased T2 signal at posterior margin of disc possibly representing annular tear or postoperative change. There is disc osteophyte ligamentous encroachment resulting in moderate left and moderate to severe right neural foraminal narrowing. Post contrast study shows enhancing scar on posterior soft tissues at L3-4. The patient was subsequently seen in follow-up on 04/20/12 and noted to have significant pain radiating into bilateral hips and legs exacerbated by activity. There are no substantive changes in physical examination. Imaging studies were discussed. The claimant was recommended to undergo lumbar myelogram with post Myelographic CT for further investigation.

The initial request was reviewed on 05/02/12. The reviewer non-certified the request noting the patient has had recent MRI on 04/02/12. There are no substantive changes in serial imaging studies noted. It is noted the claimant does not meet any other criteria for performance of CT and request was Non-certified.

The appeal request was reviewed on 05/08/12. The reviewer non-certified the request noting there is no indication for the study in light of the fact this patient has had adequate lumbar MRI. This study was documented and there is no evidence it was insufficient. Therefore, there would be no indication for CT scan. The reviewer further notes the claimant has had flexion / extension x-rays to assess any movement. Therefore, he opines the appeal request is not medically necessary.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

This claimant has chronic history of low back pain secondary to a work place injury. He has undergone prior surgeries at L3-4 and L5-S1 levels with residuals. He has postlaminectomy syndrome, has undergone multiple imaging studies including MRI of lumbar spine on 02/11/10, CT myelogram on 03/05/10 and second study on 03/30/10 due to poor quality of initial study. The records indicate the claimant has been having increasing back pain and was referred for updated imaging studies which included lumbar flexion / extension radiographs performed on 04/02/12 that suggested some evidence of translation but this is not quantified. MRI of the lumbar spine was fully adequate and identified degenerative changes. It would be appropriate for operative planning if surgery is contemplated in the future. There is no clinical data to establish recent change in the claimant's clinical situation or that the claimant would meet other acceptable criteria for CT myelography in presence of recent and appropriate MRI of lumbar spine. Therefore, based on clinical records submitted, medical necessity is not established for the requested Lumbar myelogram with post CT scan.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)